

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:

0 0 — 2 1

2. STATE:

KS

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)  
Medicaid

4. PROPOSED EFFECTIVE DATE

October 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.201

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 &lt;\$ 50,000&gt;

b. FFY 2002 &lt;\$ 50,000&gt;

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19C Part I Pages 1-5

Attachment 4.19D Part I, Exhibit A-9 Pages 1-5

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attachment 4.19C Part I Pages

1-2 TNMS 91-31

Attachment 4.19D Part I, Exhibit  
A-9 Pages 1-4 TNMS 99-01

10. SUBJECT OF AMENDMENT:

Nursing Facility Methods and Standards for Establishing Payment Rates

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:Janet Schalansky is the Governor's  
Designee

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Janet Schalansky

14. TITLE:

Secretary

15. DATE SUBMITTED:

December 15, 2000

16. RETURN TO:

Janet Schalansky, Secretary  
KS Dept. of Social & Rehabilitation Serv.  
DSOB, 6th Floor  
915 SW Harrison  
Topeka, KS 66612

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:  
12/20/00

18. DATE APPROVED:

MAR 08 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

10/01/00

20. SIGNATURE OF REGIONAL OFFICIAL:

23. REMARKS:

cc:  
Schalansky  
Day  
Bieberly

SPA CONTROL

Date Submitted 12/18/00

Date Received 12/20/00

**KANSAS MEDICAID STATE PLAN**

Attachment 4.19C  
Part I  
Page 1

**RESERVE DAY PAYMENT POLICY**

30-10-21. Reserve days. (a) Payment shall be available for days for which it is necessary to reserve a bed in a nursing facility or nursing facility for mental health when the resident is absent for any of the following reasons:

- (1) Admission to a hospital for acute conditions;
- (2) therapeutically indicated home visits with relatives and friends; or
- (3) participation in any state-approved therapeutic or rehabilitative program.

(b) In order for payment to be available, the following requirements shall be met when a bed is reserved in a nursing facility or nursing facility for mental health because of hospitalization for acute conditions:

(1) Payment shall be available only for the days during which there is a likelihood that the reserved bed would otherwise be required for occupancy by some other resident.

(2) (A) The period of hospitalization for an acute condition shall not exceed 10 days per any single hospital stay.

**MAR 08 2001**  
TN-MS 00-21 Approval Date: \_\_\_\_\_ Effective Date 10/01/00 Supersedes TN-MS 91-31

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**RESERVE DAY PAYMENT POLICY**

(B) For residents from a nursing facility for mental health, the period of hospitalization shall not exceed 21 days per state mental institution admission or admission to a psychiatric ward in any of the following:

- (i) A general hospital;
- (ii) a private psychiatric hospital; or
- (iii) a veterans administration medical center.

(3) The resident shall intend to return to the same facility after hospitalization.

(4) The hospital shall provide a discharge plan for the resident.

(5) Reimbursement shall not be made to reserve a bed in a swing bed hospital when a nursing facility will be reimbursed for the same day to reserve a bed for the resident's return from the hospital.

(c) The resident's plan of care shall provide for the non-hospital-related absence.

**MAR 08 2001**

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**RESERVE DAY PAYMENT POLICY**

(1) Payment for non-hospital-related reserve days for eligible residents in nursing facilities for mental health shall not exceed 21 days per calendar year, including travel. If additional days are required to obtain or retain employment, participate in a job readiness training program, or alleviate a severe hardship, the requesting party shall send a request for additional days and supporting documentation to the fiscal agent for approval or disapproval.

(2) Payment for non-hospital-related reserve days for all eligible residents in nursing facilities shall not exceed 18 days per calendar year, including travel. If additional days are required to alleviate a severe hardship, the requesting party shall send a request for additional days and supporting documentation to the fiscal agent for approval or disapproval.

(d) This regulation shall not prohibit any resident from leaving a facility if the resident so desires.

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(e) Payments made for unauthorized reserve days shall be reclaimed by the agency.

(f) (1) Before any routine absence by residents, the provider shall notify the local agency office.

(2) In case of emergency admission to a hospital, the provider shall notify the local agency office not later than five working days following admission.

(g) Payment for reserve days shall be approved except when either of the following conditions is met:

(1) The provider has either of the following:

(A) More than five vacant beds for each level of care for nursing facilities with fewer than 200 beds; or

(B) more than 15 vacant beds for nursing facilities having 200 or more beds.

(2) the absence is longer than 10 hospital days for NF or NF-MH residents or 21 hospital days for NF-MH residents who enter any of the following:

(A) A state mental hospital; or

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(B) a psychiatric ward in any of the following:

- (i) A general hospital;
- (ii) a private psychiatric hospital; or
- (iii) a veterans administration medical center.

(h) This regulation shall take effect on and after October 1, 2000. (Authorized by and implementing K.S.A. 1999 Supp. 39-708c effective May 1, 1985; amended May 1, 1986; amended May 1, 1987; amended May 1, 1988; amended Jan. 2, 1989; amended Jan. 2, 1990; amended, T-30-3-29-90, April 1, 1990; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991; amended July 1, 1996; amended Oct. 1, 2000.)

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Exhibit A-9  
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30-10-21. Reserve days. (a) Payment shall be available for days for which it is necessary to reserve a bed in a nursing facility or nursing facility for mental health when the resident is absent for any of the following reasons:

- (1) Admission to a hospital for acute conditions;
- (2) therapeutically indicated home visits with relatives and friends; or
- (3) participation in any state-approved therapeutic or rehabilitative program.

(b) In order for payment to be available, the following requirements shall be met when a bed is reserved in a nursing facility or nursing facility for mental health because of hospitalization for acute conditions:

- (1) Payment shall be available only for the days during which there is a likelihood that the reserved bed would otherwise be required for occupancy by some other resident.

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(2) (A) The period of hospitalization for an acute condition shall not exceed 10 days per any single hospital stay.

(B) For residents from a nursing facility for mental health, the period of hospitalization shall not exceed 21 days per state mental institution admission or admission to a psychiatric ward in any of the following:

- (i) A general hospital;
- (ii) a private psychiatric hospital; or
- (iii) a veterans administration medical center.

(3) The resident shall intend to return to the same facility after hospitalization.

(4) The hospital shall provide a discharge plan for the resident.

(5) Reimbursement shall not be made to reserve a bed in a swing bed hospital when a nursing facility will be reimbursed for the same day to reserve a bed for the resident's return from the hospital.



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(c) The resident's plan of care shall provide for the non-hospital-related absence.

(1) Payment for non-hospital-related reserve days for eligible residents in nursing facilities for mental health shall not exceed 21 days per calendar year, including travel. If additional days are required to obtain or retain employment, participate in a job readiness training program, or alleviate a severe hardship, the requesting party shall send a request for additional days and supporting documentation to the fiscal agent for approval or disapproval.

(2) Payment for non-hospital-related reserve days for all eligible residents in nursing facilities shall not exceed 18 days per calendar year, including travel. If additional days are required to alleviate a severe hardship, the requesting party shall send a request for additional days and supporting documentation to the fiscal agent for approval or disapproval.

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(2) the absence is longer than 10 hospital days for NF or NF-MH residents or 21 hospital days for NF-MH residents who enter any of the following:

(A) A state mental hospital; or

(B) a psychiatric ward in any of the following:

(i) A general hospital;

(ii) a private psychiatric hospital; or

(iii) a veterans administration medical center.

(h) This regulation shall take effect on and after October 1, 2000. (Authorized by and implementing K.S.A. 1999 Supp. 39-708c effective May 1, 1985; amended May 1, 1986; amended May 1, 1987; amended May 1, 1988; amended Jan. 2, 1989; amended Jan. 2, 1990; amended, T-30-3-29-90, April 1, 1990; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991; amended July 1, 1996; amended Oct. 1, 2000.)